PART B - FEE(S) TRANSMITTAL

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7590

03/31/2004

LAHIVE & COCKFIELD, LLP. 28 STATE STREET **BOSTON, MA 02109**



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(Depositor's name (Signature (Date

CONFIRMATION NO. ATTORNEY DOCKET NO. FIRST NAMED INVENTOR FILING DATE APPLICATION NO. WALTER D. FUNK UVI-005CP2CN 2036 11/15/1999 09/439,740

TITLE OF INVENTION: RECOMBINANT TRANSFERRINS, TRANSFERRIN HALF-MOLECULES AND MUTANTS THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 06/30/2004	
nonprovisional	YES- NO	-\$665 - \$1330	.co \$0			
EXAMINER		ART UNIT	CLASS-SUBCLASS]	•	
BUGAISKY, GABRIELE E		1653	435-006000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

LAHIVE & COCKFIELD, LLP ₂Giulio A. DeConti, Jr.

☐ government

Debra J. Milasincic

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

S Issue Fee

☐ Publication Fee

Advance Order -

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of Vermont

University of British Columbia

Burlington, Vermont

30, 2004

Vancouver, British Columbia, Canada

☐ individual ☐ corporation or other private group entity

Please check the appropriate assignee category or categories (will not be printed on the patent);

4a. The following fee(s) are enclosed:

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 - A check in the amount of the fee(s) is enclosed.

June

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n Fee (if any) or to re-apply any previously paid issue fee to the application identified above. ted to apply the Issu Director for Patents is reques

(Authorized Signature Milasincic, Esq.

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PTO/SB/17 (10-03)
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fider the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known **FEE TRANSMITTAL** 09/439740-Conf. #2036 Application Number

for FY 2004		Filing	Filing Date			November 15, 1999					
		First Named Inventor			ntor	Walter D. FUNK					
Effective 10/01/2003. Patent fees are subject to annual revision.		Examiner Name			G. Bugaisky						
Applicant claims small entity status. See 37 CFR 1.27		Art Ur	Art Unit			1653					
TOTAL AMOUNT OF PAYMENT (\$) 1360.00		Attom	ey Do	cket No).	UVI-005CP2CNRCE					
METHOD OF PAYMENT (check all that apply)				FEE	CALCU	ILATION (continued)					
Check Credit Money Other None	3. /	ADDITIO	ONAL	FEES							
X Deposit Account:	Larg	e Entity	Small	Entity							
Account 12-0080	Fee Code	Fee (\$)	Fee Code	Fee (\$)	_	Fee Description	Fee Paid				
Number Deposit	1		ł				ree raid				
Account Name Lahive & Cockfield, LLP	1051	130	2051	65	_	e – late filing fee or oath					
The Director is authorized to: (check all that apply)	1052	50	2052	25	sheet.	e – late provisional filing fee or cover	1 1				
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-Engl	ish specification					
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a	or filing a request for ex parte reexamination					
	1804	920*	1804	920*		ng publication of SIR prior to					
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1 840*	Examiner Requestir	ng publication of SIR after					
FEE CALCULATION	1251		2251	55	Examiner	action for reply within first month					
1. BASIC FILING FEE	1252		2252	210		for reply within second month	<u> </u>				
Large Entity Small Entity	1253	950	2253	475		for reply within third month					
Fee Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension	for reply within fourth month					
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension	for reply within fifth month					
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of	Appeal					
1003 530 2003 265 Plant filing fee	1402		2402	165	-	ief in support of an appeal					
1004 770 2004 385 Reissue filing fee	1403		2403	145	•	or oral hearing					
1005 160 2005 80 Provisional filing fee	1451 1452		1451 2452	1,510 55		institute a public use proceeding revive – unavoidable					
SUBTOTAL (1) (\$) 0.00	1453		2453	665		revive - unintentional					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issu	ue fee (or reissue)	1330.00				
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design iss	Design issue fee					
Total Claims -20** = x =	1503	640	2503	320	Plant issu	e fee ,					
Independent -3** = x = x	1460	130	1460	130	Petitions t	to the Commissioner					
Multiple Dependent =	1807	50	1807	50	Processin	ig fee under 37 CFR 1.17(q)					
Large Entity Small Entity	1806	180	1806	180	Submission	ubmission of Information Disclosure Stmt					
Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40		geach patent assignment per times number of properties)					
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection						
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	(37 CFR 1.129(a)) For each additional invention to be						
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1801				examined (37CFR 1.129(b))		——				
over original patent	1802		2801	385 900	-	or Continued Examination (RCE) or expedited examination					
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			1802	900	of a desig	n application	<u> </u>				
	1	fee (spe	• •		ance order patents	30.00					
**or number previously paid, if greater, For Reissues, see above	Red	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1360.00									
SUBMITTED BY / (Complete (if applicable))											
Name (Print/Type) Debya J. Milasincia	Regis	tration No ey/Agent)	. 46	,931		Telephone (617) 227-7400					
	Hittorn	ey/Agent)		,		 					
Signature Date June 30, 2004											
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Signate

(Debra J. Milasincic)